

Appellate Docket Number: Appellate Case Style: Vs.	
Companion Case(s):	

Amended/Corrected Statement

DOCKETING STATEMENT (Civil)

Appellate Court:

(to be filed in the court of appeals upon perfection of appeal under TRAP 32)

FILED IN
5th COURT OF APPEALS
DALLAS, TEXAS
5/21/2021 9:04:12 PM
LISA MATZ
Clerk

NOTE: Because space for additional parties / attorneys is limited on this form, you can include the information on a separate document. As per TRAP 32.1 and 9.4, please include party's name and the name, address, email address, telephone number, fax number, if any, and State Bar Number of the party's lead counsel. If the party is not represented by an attorney, that party's name, address, telephone number, fax number should be provided.

I. Appellant	II. Appellant Attorney(s) - Continued
<div style="display: flex; justify-content: space-between;"> Person Organization </div> Name: <div style="text-align: center;">Pro Se</div> If Pro Se Party, enter the following information: Address: City/State/Zip: Tel. Ext. Fax: Email:	Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
<div style="background-color: #d3d3d3; padding: 2px 5px;">II. Appellant Attorney(s)</div> <div style="padding: 5px;"> Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: </div>	<div style="padding: 5px;"> Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: </div>
<div style="padding: 5px;"> Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: </div>	<div style="padding: 5px;"> Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: </div>

III. Appellee	IV. Appellee Attorney(s) - Continued
<div> <div> <div>Person</div> <div>Organization</div> </div> <div> <div>Name:</div> <div>Pro Se</div> </div> </div> <p><i>If Pro Se Party, enter the following information:</i></p> <div> <div>Address:</div> <div>City/State/Zip:</div> <div> <div>Tel.</div> <div>Ext.</div> <div>Fax:</div> </div> <div>Email:</div> </div>	<div> <div>Lead Attorney</div> <div> <div>Name:</div> <div>Bar No.</div> <div>Firm/Agency:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City/State/Zip:</div> <div> <div>Tel.</div> <div>Ext.</div> <div>Fax:</div> </div> <div>Email:</div> </div> </div>
<div> <div>IV. Appellee Attorney(s)</div> <div> <div>Lead Attorney</div> <div> <div>Name:</div> <div>Bar No.</div> <div>Firm/Agency:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City/State/Zip:</div> <div> <div>Tel.</div> <div>Ext.</div> <div>Fax:</div> </div> <div>Email:</div> </div> </div> </div>	<div> <div>Lead Attorney</div> <div> <div>Name:</div> <div>Bar No.</div> <div>Firm/Agency:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City/State/Zip:</div> <div> <div>Tel.</div> <div>Ext.</div> <div>Fax:</div> </div> <div>Email:</div> </div> </div>
<div> <div>Lead Attorney</div> <div> <div>Name:</div> <div>Bar No.</div> <div>Firm/Agency:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City/State/Zip:</div> <div> <div>Tel.</div> <div>Ext.</div> <div>Fax:</div> </div> <div>Email:</div> </div> </div>	<div> <div>Lead Attorney</div> <div> <div>Name:</div> <div>Bar No.</div> <div>Firm/Agency:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City/State/Zip:</div> <div> <div>Tel.</div> <div>Ext.</div> <div>Fax:</div> </div> <div>Email:</div> </div> </div>

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject matter or type of case):

Date Order or Judgment signed:

Type of Judgment:

Date Notice of Appeal filed in Trial Court:

If mailed to the Trial Court clerk, also give the date mailed:

Interlocutory appeal of appealable order: Yes No

If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28):

Accelerated Appeal (See TRAP 28): Yes No

If yes, please specify statutory or other basis on which appeal is accelerated:

Parental Termination or Child Protection? (See TRAP 28.4): Yes No

Permissive? (See TRAP 28.3): Yes No

If yes, please specify statutory or other basis for such status:

Agreed? (See TRAP 28.2): Yes No

If yes, please specify statutory or other basis for such status:

Appeal should receive precedence, preference, or priority under statute or rule? Yes No

If yes, please specify statutory or other basis for such status:

Does this case involve an amount under \$100,000? Yes No

Judgment or Order disposes of all parties and issues? Yes No

Appeal from final judgment? Yes No

Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance? Yes No

VI. Actions Extending Time To Perfect Appeal

Motion for New Trial: Yes No If yes, date filed:

Motion to Modify Judgment: Yes No If yes, date filed:

Request for Findings of Fact and Conclusions of Law:

Yes No If yes, date filed:

Motion to Reinstate: Yes No If yes, date filed:

Motion under TRCP 306a: Yes No If yes, date filed:

Other: Yes No

If Other, please specify:

VII. Indigency of Party (Attach file stamped copy of Statement and copy of the trial court order.)

Was Statement of Inability to Pay Court Costs filed in the trial court? Yes No
If yes, date filed:

Was a Motion Challenging the Statement filed in the trial court? Yes No
If yes, you must also complete and file the Challenge to Constitutionality of a State Statute form. If yes, date filed: Yes No

Was there any hearing on appellant's ability to afford court costs?
Hearing Date: Yes No

Did trial court sign an order under Texas Rule of Civil Procedure 145?
Date of Order:

If yes, trial court finding: Challenge Sustained Overruled

VIII. Bankruptcy

Has any party to the court's judgment filed for protection in bankruptcy which might affect this appeal?
Yes No

If yes, please attach a copy of the petition.
Date bankruptcy filed:
Bankruptcy Case Number:

IX. Trial Court and Record

<p>Court:</p> <p>County:</p> <p>Trial Court Docket No. (Cause No.):</p> <p>Trial Court Judge (who tried or disposed of the case): Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:</p>	<p>Clerk's Record</p> <p>Trial Court Clerk: District County</p> <p>Was Clerk's record requested? Yes No</p> <p>If yes, date requested: If no, date it will be requested:</p> <p>Were payment arrangements made with clerk? Yes No Indigent</p> <p>(Note: No request required under TRAP 34.5(a),(b).)</p>
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IX. Trial Court and Record - Continued**Reporter's or Recorder's Record**

Is there a Reporter's Record? Yes No

Was Reporter's Record requested? Yes No

If yes, date requested:

If no, date it will be requested:

Was the Reporter's Record electronically recorded? Yes No

Were payment arrangements made with the court reporter/court recorder? Yes No Indigent

Court Reporter Official	Court Recorder Substitute	Court Reporter Official	Court Recorder Substitute		
Name:		Name:			
Address 1:		Address 1:			
Address 2:		Address 2:			
City/State/Zip:		City/State/Zip:			
Tel.	Ext.	Fax:	Tel.	Ext.	Fax:
Email:		Email:			

X. Supersedeas Bond

Supersedeas bond filed? Yes No

If yes, date filed:

If no, will file? Yes No

XI. Extraordinary Relief

Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court? Yes No

If yes, briefly state the basis for your request:

XIII. Related Matters

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court:	5th Court of Appeals	Docket:	05-21-00242-CV
Style:	In The Interest Of M.C.M. and M.A.M., Children		
Vs.	Mark Maldonado		

XIII. Related Matters

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court:	Docket:
Style:	
Vs.	

Court:	Docket:
Style:	
Vs.	

Court:	Docket:
Style:	
Vs.	

Court:	Docket:
Style:	
Vs.	

Court:	Docket:
Style:	
Vs.	

Court:	Docket:
Style:	
Vs.	

XV. Signature

<u>/s/ Molly Wilkerson</u>	<u>5/21/2021</u>
Signature of counsel (or Pro Se Party)	Date

<u>Molly Wilkerson</u>	
Printed Name	State Bar No.

<u></u>	<u></u>
Electronic Signature (Optional)	Name

XVI. Certificate of Service

The undersigned counsel certifies that this Docketing Statement has been served on the following lead counsel for all parties to the Trial Court's Order or Judgment as follows on:

<u>/s/ Molly Wilkerson</u>	<u>/s/ Molly Wilkerson</u>
Signature of counsel (or Pro Se Party)	Electronic Signature (Optional)

State Bar No.

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:

Date Served:

Manner Served:

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

Date Served:

Manner Served:

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

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Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

Automated Certificate of eService

This automated certificate of service was created by the eFiling system. The filer served this document via email generated by the eFiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Envelope ID: 53711283

Status as of 5/24/2021 7:53 AM CST

Associated Case Party: Mark Maldonado

Name	BarNumber	Email	TimestampSubmitted	Status
Gracen Daniel	24116248	gdaniel@cowlesthompson.com	5/21/2021 9:04:12 PM	SENT
Claire James		cjames@cowlesthompson.com	5/21/2021 9:04:12 PM	SENT
George TonyMallers		tmallers@cowlesthompson.com	5/21/2021 9:04:12 PM	SENT